

MEC # _____
DOD _____

**INVESTIGATIVE QUESTIONNAIRE FOR
CHILD DEATHS**

INFANT'S NAME _____ RACE _____ SEX _____ AGE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WHO IS THE PRIMARY CARE GIVER? _____

EVENTS	DATE	TIME	BY WHOM, AS APPICABLE TO EACH EVENT
DISCOVERY			
POLICE NOTIFIED			
EMS ARRIVAL			
EMS TRANSPORT			
MEDICAL EXAMINER NOTIFIED			
PRONOUNCED DEATH			

WAS RESUSCITATION ATTEMPTED? YES _____ NO _____ BY WHOM _____

DID THIS PERSON HAVE FORMAL CPR TRAINING? YES _____ NO _____

WAS ANYTHING COVERING THE CHILDS FACE? YES _____ NO _____ IF YES, EXPLAIN _____

WHO WAS THE LAST PERSON TO SEE THE CHILD ALIVE? _____ DATE/TIME _____

WAS THE ORIGINAL POSITION CHANGED? YES _____ NO _____

PLACE OF BIRTH _____

PEDIATRICIAN _____

ADDRESS _____

ADDRESS _____

CITY/STATE _____

CITY/STATE _____

TELEPHONE # _____
AREA CODE

TELEPHONE # _____
AREA CODE

IS THE CHILD PROPERLY DRESSED AND NOURISHED? YES _____ NO _____

HOW WAS CHILD FED? BREAST _____ BOTTLE _____

WHAT TYPE OF NUTRUTION DID CHILD LAST RECEIVE? FORMULA _____ NAME _____

COWS MILK _____ FOOD _____ WHAT STAGE _____ OTHER _____

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CHILD HISTORY	YES	NO	UNKOWN	INVESTIGATOR REMARKS
MAJOR BIRTH DEFECTS				
HOSPITALIZATION AFTER INITIAL DISCHARGE				
GROWTH AND WEIGHT GAIN CONSIDERED NORMAL				
VOMITING OR CHOKING IN PAST 48 HOURS				
CHILD HAS STOPPED BREATHING OR TURNED BLUE				
VACCINATIONS IN PAST 72 HOURS				

WAS THE CHILD FULL-TERM? _____ PREMATURE _____ IF PREMATURE, WHAT WAS GESTATION _____

IS CHILD A TWIN OR MULTIPLE BIRTH? YES _____ NO _____ IF YES, # _____ OF _____

ARE THERE OTHER SIBINGS? YES _____ NO _____

HOW MANY? MALE _____ OR FEMALE _____

HOW MANY ADULTS LIVE IN THE HOUSEHOLD? _____ LIST NAMES AND RELATIONSHIP BELOW:

_____	_____
_____	_____
_____	_____

HAS THE CHILD BEEN ILL RECENTLY? YES _____ NO _____

IF CHILD HAS BEEN ILL RECENTLY, EXPLAIN ILLNESS OR INJURY _____

DOES THE CHILD HAVE OTHER ILLNESSES? YES _____ NO _____

IF YES, EXPLAIN TYPE AND HISTORY _____

WAS THE CHILD EXPOSED TO ANYONE ILL RECENTLY? YES _____ NO _____

IF YES, EXPLAIN _____

WAS THE CHILD TAKING MEDICATION? YES _____ NO _____ LIST MEDICATION(S)

PRESCRIBER

LAST DOSAGE AND AMOUNT

INVESTIGATIVE QUESTIONNAIRE FOR
CHILD DEATHS

FAMILY SOCIAL HISTORY				
SOCIAL ENVIRONMENT	YES	NO	UNKNOWN	REMARKS
EVIDENCE OF ALCOHOL ABUSE				
EVIDENCE OF DRUG ABUSE				
SERIOUS PHYSICAL AND MENTAL ILLNESS IN HOME				
DOCUMENTED HISTORY OF CHILD ABUSE				
SMOKERS IN THE HOME				
PETS IN THE HOME				

HAS THERE BEEN ANY **SIDS** DEATHS IN THE FAMILY? YES _____ NO _____

ITEMS COLLECTED AT SCENE OR HOSPITAL	YES	NO	REMARKS
BABY BOTTLE			
FORMULA			
DIAPER			
CLOTHING			
APNEA MONITOR			
MEDICINE			
PACIFIER			
BEDDING			

INFORMANT

NAME _____

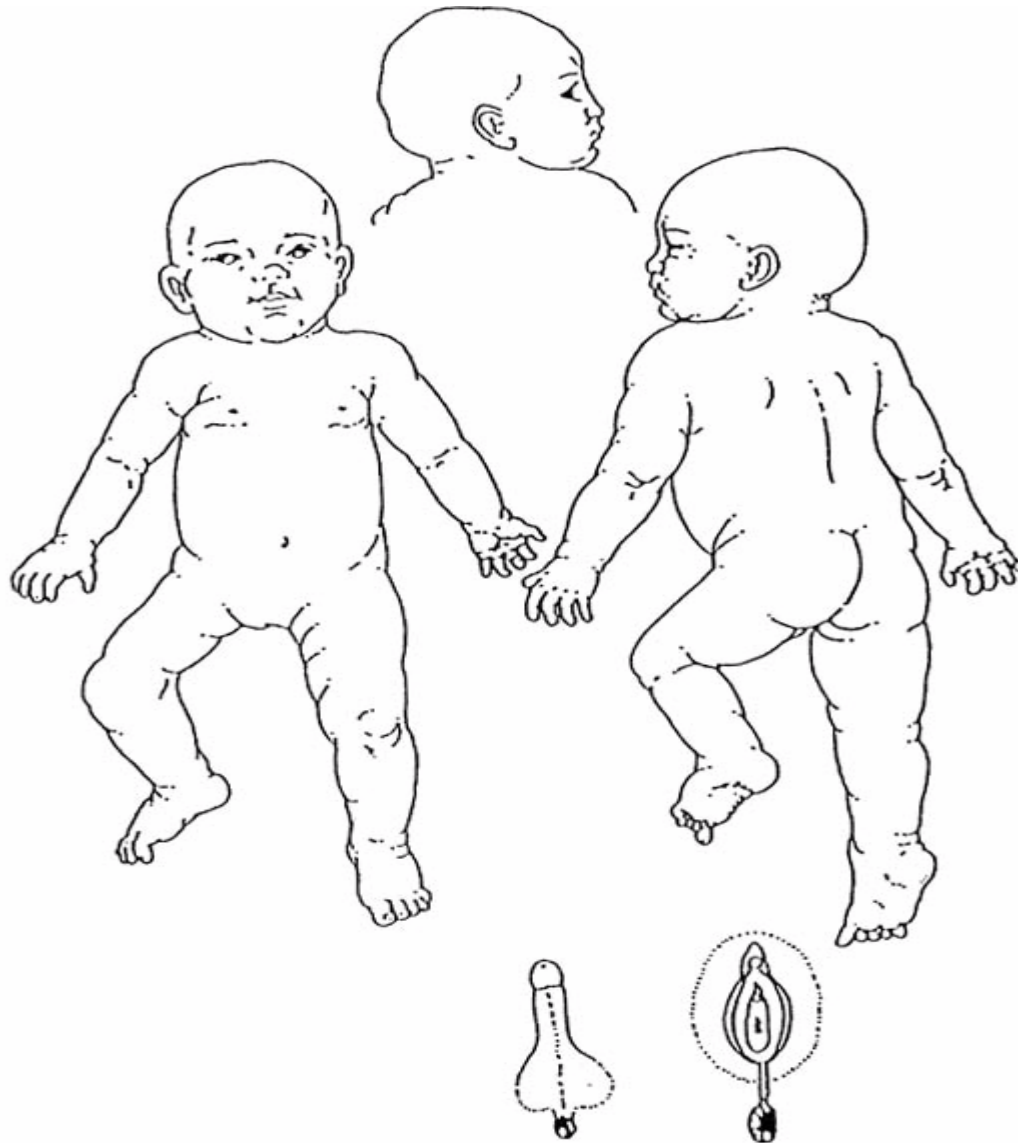
ADDRESS _____

DETECTIVE _____ COMPLAINT # _____

INVESTIGATOR _____

**INVESTIGATIVE QUESTIONIARE FOR
CHILD DEATHS**

SCENE EXTERNAL EXAMINATION BODY CHART



BODY TEMPERATURE: _____

SOURCE OF TEMPERATURE: _____

**INSTRUCTIONS FOR DOCUMENTING EXTERNAL BODY EXAMINATION.
IF PRESENT INDICATE ON THE DIAGRAM. IF NOT PRESENT, ENTER N/A**

DISCHARGE FORM ORIFACES OR BODY _____

MARKS OR BRUISES _____

SITE OF DIAGNOSTIC OR THERAPEUTIC _____

AREAS OF LIVIDITY _____